

MISSOURI DEPARTMENT OF REVENUE DIVISION OF TAXATION AND COLLECTION P O BOX 2200, JEFFERSON CITY, MO 65105-2200

FORM **MO-96**

DATE

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O. Box 2200 efferson City, Missou onsibility for filing this reaccurate and complete	YER WITHOUT TAXPAYER IDENTIFYING NO. of Revenue uri 65108-2200					
WITH TAXPAYE IDENTIFYING N IDENTIFYING N O. Box 2200 Onsibility for filing this reaccurate and complete	YER WITHOUT TAXPAYER IDENTIFYING NO. of Revenue uri 65108-2200					
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O. Box 2200 efferson City, Missou onsibility for filing this reaccurate and complete	uri 65108-2200					
Mail to: Missouri Department of Revenue P.O. Box 2200 Jefferson City, Missouri 65108-2200 I have direct control, supervision or responsibility for filing this return and payment of the tax due. Unde penalties of perjury, I declare it is a true, accurate and complete return. In the case of documents withou recipients' identifying numbers I have complied with the requirements of the law by requesting such						
eceive them.						
TITLE DATE						
FORM MO-96 REV. 10-2002)	200					
SC.						
All documents are: (Place an "X" in the proper boxes.)						
WITH TAXPAYE						
IDENTIFYING N						
IDENTIFYING N	Mail to: Missouri Department of Revenue P.O. Box 2200 Jefferson City, Missouri 65108-2200 I have direct control, supervision or responsibility for filing this return and payment of the tax due. Under penalties of perjury, I declare it is a true, accurate and complete return. In the case of documents without recipients' identifying numbers I have complied with the requirements of the law by requesting such numbers from the recipients, but did not receive them.					
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MO 860-1106 (10-2002)

SIGNATURE

This publication is available upon request in alternative accessible format(s).

TITLE

MISSOURI DEPARTMENT OF REVENUE DIVISION OF TAXATION AND COLLECTION P O BOX 2200, JEFFERSON CITY, MO 65105-2200 ANNUAL SUMMARY AND TRANSMITTAL OF MISSOURI	FORMS MO	-99 MISC.	FORM MO-96 (REV. 10-200)	_	200	
NOTE: Enter the total number of Federal 1099 NEC forms if substituted for the Missouri Form MO-99 MISC.						
ENTER	All documents are: (Place an "X" in the proper boxes.)					
NUMBER OF DOCUMENTS	ORIGINAL	CORRECTED	WITH TAXI		WITHOUT TAXPAYER IDENTIFYING NO.	
PAYER'S identifying number						
	Mail to: Missouri Department of Revenue P.O. Box 2200 Jefferson City, Missouri 65108-2200					
Type or Print PAYER'S name, address, and ZIP code above.	I have direct control, supervision or responsibility for filing this return and payment of the tax due. Under penalties of perjury, I declare it is a true, accurate and complete return. In the case of documents without recipients' identifying numbers I have complied with the requirements of the law by requesting such numbers from the recipients, but did not receive them.					
SIGNATURE	TITLE		DA	ATE		